

Call to Action: Breastfeeding Summit Follow Up

Marlene Goodlett, MS, RD, LD State WIC Breastfeeding Coordinator

A follow-up to the Breastfeeding Summit was held August 11, 2010 in Bowling Green, Kentucky at the Barren River District Health Department with approximately 46 breastfeeding supporters in attendance. The goal of this summit was to further develop ideas and strategies into a state breastfeeding plan that will work. Speakers from across the state discussed the breastfeeding efforts in their areas.

Barbara Ruedel, RD, LD, IBCLC, RLC from the Louisville Metro Health Department presented on current practices, including working with the local birthing hospitals on establishing skinto-skin and breastfeeding policies for their hospitals. She is also working with the Louisville Metro Government agencies to institute a breastfeeding policy in local offices. The Louisville Metro Health Department received a federal grant to increase breastfeeding rates.

Jan Johnson, RD, LD, IBCLC from Pike County Health Department discussed breastfeeding efforts in the Pike County area. Jan is working with Pikeville Medical Center on developing breastfeeding support and policies to help breastfeeding patients.

Merritt Bates-Thomas, RD, LD, CLC from Green River District Health Department presented on the stages of coalition development and discussed the work of the Western Kentucky Breastfeeding Coalition.

These presentations were followed by Anita Courtney, Chair of the Tweens Nutrition and Fitness Coalition, who discussed how to develop a state plan that will be useable. Anita gave guidance on formulating strategies for a plan that will become a living, breathing document for the breastfeeding efforts in the State of Kentucky.

Summit attendees were divided into six topic groups. These topic areas were carried over from the April 2010 Breastfeeding Summit Facilitated Table Work. The topic areas included: Worksites; Peer Groups; Health Professionals; Educating Families; Social/Media Marketing; and Physician and Hospital Care. The participants were asked to take the brainstorming strategies that were developed in April and to refine them into something that can be accomplished. Once the participants refined the strategy into something more achievable, they were asked to develop realistic action steps that would lead them to accomplish the goal. The groups then determined the lead persons or lead groups to work on the action steps and a timeline for completion.

Once all strategies were refined, each group reported their top strategy to the large group. The strategies were then voted on using the dotting technique to determine which strategy participants felt could be completed first. The #1 strategy was: "Increase breastfeeding promotion, education, and support by 5% in all OB/GYN offices and hospitals in the state."

At the end of the summit, attendees were asked to cast a vote for the new name of the statewide breastfeeding coalition. Some of the options for names included: Lactation Improvement Network of Kentucky (LINK); Breastfeeding Network of Kentucky (BNK); Kentucky Breastfeeding Coalition (KBC); and Breastfeeding Alliance of Kentucky (BAK). Lactation Improvement Network of Kentucky (LINK) won with a majority of the votes.

The final plan will be posted on the cabinet website at http://chfs.ky.gov/dph/mch/ns/. Thank you to everyone who attended this summit!

World Breastfeeding Week Celebrated

Jennifer Burchett, BSN, RN **Ashland-Boyd County Health Department**

In line with ILCA's 2010 WBW theme, our health department celebrated the baby steps we have taken to become a Baby-Friendly clinic. On August 3, 2010 we held an informational celebration, honoring the work that our nutritionists and staff have done to become Baby-Friendly. We presented our WIC families with informational hand-outs, baby socks and t-shirts with our Shape the Future message. We had our ubiquitous candy with breastfeeding slogans, and played a game using the Breastfeeding Benefits Box.

Participants were asked to close their eyes, draw an object out of the breastfeeding box, and then guess how it pertained to breastfeeding. Answers varied from the silly to the serious, but were always a conversation starter for the families, especially the dads. Many participants were aware of the healthrelated benefits of breastfeeding, such as lowered cancer rates for the mom, or the cost-related benefits of not purchasing formula. But fewer people had heard of the simpler benefits of breastfeeding such as better-smelling stool or the benefits of better jaw, facial, and tooth development.

A bulletin board was assembled in our lobby, showing the baby steps of Baby-Friendly.

Our local health board adopted our breastfeeding policy in the summer of 2009, and since that time, our staff has worked hard to achieve Baby-Friendly status. All of our nurses and nutritionists have received at least part of the Glow and Grow curriculum in addition to other regional trainings. All of our WIC moms are given breastfeeding information with their first prenatal WIC visit, and subsequently, with each prenatal visit. Our private breastfeeding room is available for any mom wanting to breastfeed and is advertised in several places throughout the clinic.

Also, the staff has worked very hard to promote only positive breastfeeding messages, with no formula advertising allowed throughout the entire clinic. Our nutritionists and breastfeeding coordinator promote exclusive breastfeeding, unless medically necessary for the first few months of life, and counsel against pacifiers and artificial nipples until the mother has established a good milk supply.

We know our area has a lot of room for improvement with our breastfeeding rates, but we are striving, one baby step at a time, to make our clinic and our state Baby-Friendly.

Business Case for Breastfeeding

The final report for the Business Case for Breastfeeding grant was submitted on September 7, 2010. The grant was awarded to Kentucky by

the US Department of Health and Human Services. The grant provided training to assist in implementing the Business Case for Breastfeeding in the community. The training sessions provided

information on how to reach out to local businesses. more businesses are interested in starting lactation Attendees were also provided with The Business Case for Breastfeeding Toolkit. The toolkit provided to implement those programs. materials designed to outreach to business managers, human resource managers, employers, breastfeeding advocates and others in the community.

During the initial training held November 16 and 17, 2009, 28 individuals were in attendance. An additional 51 people were in attendance at the additional trainings held in February and March of 2010.

During the grant period, The BUSINESS CASE for information was shared with 45 BREASTFEEDING businesses across Kentucky. Of STEPS FOR CREATING A BREASTFFFDING FRIENDLY WORKSITE these, 4 already have lactation support programs in place. Five

support programs and plan to work with our liaisons

Our efforts with workplace breastfeeding are just beginning! The Business Case for Breastfeeding materials are available for free download at: http:// www.womenshealth.gov/breastfeeding/government -programs/business-case-for-breastfeeding/

Regional Breastfeeding Promotion Coordinators

The Kentucky WIC Program has identified a breastfeeding resource person in several areas of the state. This person provides additional assistance in protecting, promoting, and supporting breastfeeding. This can include public information and media outreach, attending community events and health fairs, participating in health services planning, organizing continuing education opportunities, and lecturing to students in primary, secondary, and post-secondary schools. Please contact a resource person near you for any assistance you may need in the above areas.

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Three out of Four New Moms Initiate Breastfeeding

However only 43 percent of babies still being breastfed at 6 months of age

CDC Press Release September 14, 2010—Seventy-five percent of babies born in the United States in 2007—over 3 million—started life breastfeeding, according to the Centers for Disease Control and Prevention's 2010 Breastfeeding Report Card. The 75 percent breastfeeding initiation rate meets the nation's <u>Healthy People 2010</u> goal, and half of the states have breastfeeding initiation rates above 75 percent.

State by state breastfeeding initiation rates ranged from nearly 90 percent in Utah to 52.5 percent in Mississippi.

But while initiation rates have risen steadily, the number of babies who continue breastfeeding until six and 12 months remains stagnant for the third consecutive year. Only 43 percent (1.8 million) are still breastfeeding at six months and only 22 percent (fewer than 1 million) are breastfeeding at 12 months. National Healthy People 2010 objectives call for 50 percent of new mothers to continue breastfeeding for six months and 25 percent to continue for one year.

Breastfeeding at 6 months of age ranged from over 62 percent in Oregon to about 20 percent in Louisiana. Breastfeeding at 12 months ranged from nearly 40 percent in Oregon and Vermont to 8 percent in Mississippi.

"Meeting the national breastfeeding initiation goal is a great accomplishment in women's and children's health, but we have more work ahead," said William Dietz, M.D., Ph.D., director of CDC's Division of Nutrition, Physical Activity, and Obesity. "We need to direct even more effort toward making sure mothers have the support they need in hospitals, workplaces and communities to continue breastfeeding beyond the first few days of life, so they can make it to those six and 12 month marks."

"High initiation rates tell us that a lot of moms plan to breastfeed, but these rates do not indicate that a birth facility is doing what it needs to support them in their effort," said Carol MacGowan, Public Health Advisor for CDC's Division of Nutrition, Physical Activity, and Obesity. "Evidence shows that hospital routines can help or hinder mothers and babies as they are learning to breastfeed. The care that mothers receive from hospitals should always be

based on practices that are proven to help them continue breastfeeding after they go home."

Less than 4 percent of U.S. births occur at facilities designated as Baby-Friendly – a designation program implemented by <u>Baby-Friendly USA</u> on behalf of the <u>World Health Organization</u> and <u>UNICEF</u>. The program outlines 10 steps that support the initiation of breastfeeding and identifies hospitals that meet internationally recognized health care quality standards for maternity and breastfeeding support. In 21 states and the District of Columbia there are none of these hospitals.

The Breastfeeding Report Card also provides data from a CDC survey that measures every U.S. hospital's maternity practices in infant nutrition and care. The survey finds that the average score is 65 out of a possible 100 points awarded for supportive maternity care. Scores range from 81 in New Hampshire to 50 in Mississippi.

Breastfeeding offers many benefits. Breast milk is easy to digest and contains antibodies that can protect infants from bacterial and viral infections. And breast-fed babies are less likely to become overweight or obese children or adolescents compared to babies who are exclusively bottle-fed.

The CDC Breastfeeding Report Card provides both national and state-level data which enable communities to monitor breastfeeding progress. The Breastfeeding Report Card is available at www.cdc.gov/breastfeeding/data/reportcard.htm. For more information about breastfeeding visit www.cdc.gov/breastfeeding.

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U.S. DEPARTMENT OF HEALTH AND HUMAN
SERVICES

CDC Recommends Use of WHO Growth Charts

The U.S. Centers for Disease Control and Prevention (CDC) recently announced in their publication, "Morbidity and Mortality Weekly Report" (MMWR), that the World Health Organization (WHO) growth charts are recommended for assessing the growth of infants and children who are less than 24 months old. According to the report, this recommendation is based on several factors, including: "the recognition that breastfeeding is the recommended standard for infant feeding." In the WHO charts, 100% of the reference population was breastfed for at least 12 months.

According to the CDC, this recommendation came after an expert panel was convened to review the evidence and discuss the potential use of the WHO Growth Charts that were released in April of 2006. In the WHO growth charts, the healthy breastfed infant is used as the standard by which all infants should be compared. The CDC growth charts for children aged 2-59 months are based on data primarily obtained from NHANES, which included information on children who were exclusively formula-fed as well as children who were breastfed. According to the CDC, approximately 50% of the

infants in the data set had never been breastfed.

The report also urged careful consideration when using the WHO growth charts to screen for possible abnormal growth. It is recommended to use the 2.3rd and 97.7th percentiles (labeled as the 2nd and 98th percentiles on the growth charts) when screening for possible abnormal growth rather than the 5th and 95th percentiles. Clinicians should be aware that slower growth in breastfed infants between the ages of 3 and 18 months is considered normal. Because of this, fewer US children will be identified as underweight using the WHO charts.

It is important to note that the CDC recommends the continued use of the CDC growth charts in the US for older children (2 – 19 years old). The full report is available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5909a1.htm? s cid=rr5909a1 e. The WHO Growth Charts may be accessed on the CDC website here: http://www.cdc.gov/growthcharts/who_charts.htm.

The Kentucky WIC Program is awaiting further guidance from FNS before developing a policy regarding the WHO Growth Charts.

Upcoming Conferences and Events

October 12, 2010 CDC-USBC Bi-Monthly Teleconference

2:00-3:00 ET

Two locations available: Franklin County Cooperative

Extension Office

To RSVP, contact Connie Howell Email: connie.howell@kctcs.edu

Phone: 859-442-1195

or

Louisville Metro Health

Department

400 East Gray St

To RSVP, contact Barbara Ruedel

Email:

barbara.ruedel@louisvilleky.gov

Phone: 502-574-5279

November 8-12, 2010 Louisville, KY

Lactation Counselor Certificate
Training Program (CLC)

For more information:

Phone: 508-888-8044 Email: info@healthychildren.cc

Website: www.bealthychildren.cc

November 12, 2010 Cincinnati, OH

TriHealth Breastfeeding Support

Services present

Breastfeeding and Lactation: Yesterday, Today and What's

Next

Featuring

Jacqueline H. Wolf, PhD and Alison K. Hazelbaker, PhD, MA, IBCLC, CST, RCST Continuing Education: 6.25 hours for nurses 6 L CERPs for IBCLCs For more information call Cathy Meister: 513-862-4602

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November 17, 2010 Louisville, KY

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Summit on Prematurity
5.75 continuing education credits
for physicians and nurses
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